

Congress of the United States
Washington, DC 20515

September 26, 2022

The Honorable Xavier Becerra
Secretary of Department of Health and Human Services
Co-Chair, Task Force on Reproductive Healthcare Access
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

The Honorable Jennifer Klein
Director of White House Gender Policy Council
Co-Chair, Task Force on Reproductive Healthcare Access
The White House
1600 Pennsylvania Ave, NW,
Washington, D.C. 20500

Dear Secretary Becerra and Director Klein,

We write to express our concerns and inquire further about the future of reproductive healthcare access and workforce development in our states following the decision in *Dobbs v. Jackson Women's Health Organization*.

As the Representatives of the half of states that are weighing or have already implemented restrictions on abortions, we are deeply concerned about the negative impact that these measures will have on the healthcare of women, pregnant people, their families, and the healthcare professionals who provide them care. Most restrictions severely limit abortions to a narrow timeframe in pregnancy, if not ban it entirely with few exceptions. A growing number of states want to remove exceptions for rape or incest, and exceptions for imminently life-threatening/emergent situations are confusing, unclear, and interfere with physicians' ability to provide care based upon their best medical judgment.^{1,2,3,4} Various studies suggest that unintended pregnancies, pregnancy-related deaths, complicated pregnancies, miscarriages, and

¹ <https://www.kff.org/other/state-indicator/abortion-policy-tracker/?activeTab=map¤tTimeframe=0&selectedDistributions=status-of-abortion&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

² <https://www.guttmacher.org/article/2021/10/26-states-are-certain-or-likely-ban-abortion-without-roe-heres-which-ones-and-why>

³ <https://www.vox.com/23271352/rape-and-incest-abortion-exception>

⁴ <https://www.acog.org/news/news-articles/2022/08/understanding-medical-emergency-exceptions-in-abortion-bans-restrictions>

unsafe abortions will rise under these new restrictions.^{5,6,7,8} In fact, a study from Texas already indicates that the state's past legislative efforts to restrict abortion access, namely a ban on abortions after detection of embryonic or fetal cardiac activity and the criminalization of physicians' delivery of abortion care, doubled the risk of health issues for pregnant patients.^{9,10} In midst of the long-standing maternal mortality crisis in the U.S., which causes American women to die at rates higher than any other developed nation,¹¹ these restrictions are life-threatening and will profoundly impact the reproductive healthcare workforce that is already overburdened and understaffed.

The reproductive healthcare workforce, which includes obstetrician-gynecologists (OB-GYNs), nurses, midwives, doulas, and other professionals, delivers a wide range of services, from preventative care such as Pap smears and STI testing to direct maternal and infant care. Despite their essential service, these providers are in serious short supply. Prior to the *Dobbs* decision, the Health Resources and Services Administration projected that the number of OB-GYNs will fall almost 7% by 2030, leaving a gap of 5,170 providers between supply and demand for OB-GYNs.¹² Today, these shortages acutely affect the 34.9% of U.S. counties that qualify as a maternity care desert, meaning there are no hospitals providing obstetric care, no birth centers, no OB/GYN and no certified nurse midwives.¹³ Many of these counties are located in rural areas where only 8% of obstetric providers practice.¹⁴ Post-*Dobbs*, a significant portion of these counties will also be located in states that are considering or have implemented abortion restrictions, presenting additional barriers to healthcare access and potentially serious challenges to the development of the future reproductive healthcare workforce in these areas.¹⁵

For instance, many articles have documented cases of disinterest among medical students, OB-GYN residents, and practicing providers in pursuing training and careers in states that have or are considering abortion restrictions. Some concerned medical students, particularly those interested in OB-GYN practice, have reported feeling discouraged from pursuing residencies in states like ours that are unable to teach them the full spectrum of reproductive healthcare and/or

⁵ <https://www.help.senate.gov/imo/media/doc/8.01.2022%20Final%20Post-Dobbs%20Report.pdf>

⁶ https://www.ansirh.org/sites/default/files/publications/files/the_harms_of_denying_a_woman_a_wanted_abortion_4-16-2020.pdf

⁷ <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2022/06/22/critics-fear-abortion-bans-could-jeopardize-health-of-pregnant-women>

⁸ <https://www.kff.org/racial-equity-and-health-policy/issue-brief/what-are-the-implications-of-the-overturning-of-roe-v-wade-for-racial-disparities/>

⁹ <https://www.nbcdfw.com/news/health/texas-new-abortion-law-doubles-risk-of-health-issues-for-pregnant-women-study/3035396/>

¹⁰ <https://www.ajog.org/action/showPdf?pii=S0002-9378%2822%2900536-1>

¹¹ <https://www.commonwealthfund.org/publications/issue-briefs/2020/nov/maternal-mortality-maternity-care-us-compared-10-countries>

¹² <https://bhwh.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/projections-supply-demand-2018-2030.pdf>

¹³ [Maternity Care Deserts Report \(marchofdimes.org\)](https://marchofdimes.org/maternity-care-deserts-report)

¹⁴ Ibid

¹⁵ [States with abortion bans also have worse health outcomes for moms and kids : NPR](https://www.npr.org/2022/06/22/states-with-abortion-bans-also-have-worse-health-outcomes-for-moms-and-kids)

limit their scope of practice.^{16,17,18} Given that providers are more likely to practice where they complete their residency, these concerns point to a potential major challenge in future physician recruitment.¹⁹

Relatedly, many practicing physicians express concern over losing their medical license and liability in delivering care in states that have criminalized abortion services.²⁰ Often the criteria for abortion in cases of “medical emergency,” which are typically excluded from these restrictions, are unclear and place physicians in impossible positions.²¹ In fact, the impact of abortion restrictions on recruitment is already starting to be felt. Hospital administrators and medical recruitment firms are raising alarm over the challenges they are facing in bringing physicians to practice in our states post-*Dobbs*. One firm reported that 20 OB-GYNs turned down a position in a state that restricted abortion and that many others won’t even consider roles in our states.^{22,23}

Even where doctors can be recruited, there are also serious concerns with the education and preparation of the future reproductive healthcare workforce. A recent UCLA study found that, of 286 accredited OB-GYN residency programs with current residents, 44.8% are in states certain or likely to ban abortions. Consequently, of 6,007 current obstetrics and gynecology residents, 2,638 (43.9%) are certain or likely to lack access to in-state training on abortion-related procedures that are also critical to other reproductive care services.^{24,25} For example, technical procedures that are used in providing an abortion like dilation and evacuation may also be used to manage miscarriages, treat excessive bleeding, or take a biopsy from the uterus.^{26,27} Additionally, training in abortion care remains critical for the ability to manage life-threatening complications such as placental abruption, infection, and eclampsia, and the same skills are often utilized in the delivery of non-abortion services, such as early gestational ultrasonography, pain management, and cervical dilation.^{28,29} This could mean that in addition to a lack of medical providers in our states, those providers that remain may be unable to provide a full spectrum of reproductive care to their patients. This hurts people seeking care across our states who given our legal circumstances are also more likely to have elevated and complicated care needs.

¹⁶ <https://wfpl.org/ky-ob-gyn-shortage-could-worsen-as-med-students-consider-leaving-state/>

¹⁷ <https://www.npr.org/2022/08/15/1117605629/ob-gyn-residents-want-to-quit-in-indiana-after-states-abortion-law-harassment>

¹⁸ <https://fortune.com/2022/06/24/roe-v-wade-supreme-court-ruling-obgyn-doctor-shortage/>

¹⁹ <https://www.aamc.org/news-insights/america-s-medical-residents-numbers>

²⁰ <https://wpln.org/post/how-doctors-carry-the-greatest-legal-risk-under-tennessees-total-abortion-ban/>

²¹ <https://www.politico.com/amp/news/2022/06/28/abortion-doctors-post-roe-dilemma-move-stay-or-straddle-state-lines-00040660>

²² <https://www.washingtonpost.com/business/2022/08/06/abortion-maternity-health-obgyn/>

²³ <https://www.axios.com/local/columbus/2022/06/30/ohio-obgyns-fear-doctor-shortage-abortion>

²⁴ https://journals.lww.com/greenjournal/Fulltext/9900/Projected_Implications_of_Overturning_Roe_v_Wade.449.aspx

²⁵ <https://news.bloomberglaw.com/in-house-counsel/abortion-ruling-pits-state-bans-against-ob-gyn-training-rules?context=article-related>

²⁶ <https://news.bloomberglaw.com/in-house-counsel/abortion-ruling-pits-state-bans-against-ob-gyn-training-rules?context=article-related>

²⁷ <https://news.bloomberglaw.com/in-house-counsel/abortion-ruling-pits-state-bans-against-ob-gyn-training-rules?context=article-related>

²⁸ <https://news.bloomberglaw.com/in-house-counsel/abortion-ruling-pits-state-bans-against-ob-gyn-training-rules?context=article-related>

²⁹ <https://news.bloomberglaw.com/in-house-counsel/abortion-ruling-pits-state-bans-against-ob-gyn-training-rules?context=article-related>

³⁰ <https://news.bloomberglaw.com/in-house-counsel/abortion-ruling-pits-state-bans-against-ob-gyn-training-rules?context=article-related>

The future of the reproductive healthcare is in jeopardy nationwide. We appreciate the steps that the Administration has already taken to secure access to reproductive and other health care services. We hope to support such efforts by bringing to light and addressing workforce challenges that we expect to worsen, particularly in states like ours that have or are considering implementing restrictions to abortion and reproductive healthcare. For these reasons, we respectfully ask the Task Force on Reproductive Healthcare Access to respond to the following questions by October 15, 2022.

- How does the Administration plan to monitor reproductive health and workforce trends following the *Dobbs* decision?
- How can the Administration support recruitment efforts in communities that are facing an increasing demand for reproductive healthcare providers following the *Dobbs* decision?
- How can the Administration support efforts to protect access to comprehensive reproductive healthcare training in OB-GYN residency programs across states that have implemented or are considering implementing abortion restrictions?
- Similarly, how can the Administration help ensure that medical school students have adequate exposure to comprehensive reproductive healthcare training and service delivery within their clinical rotations?
- As a result of the *Dobbs* decision, and barriers to care, there is likely going to be an uptick in patients that are experiencing complicated pregnancies necessitating rapid and elevated levels of care, including abortion care. Are there contingency plans for the delivery of care for such individuals, particularly in areas with a shortage of OB-GYN providers? What about for patients who are seeking immediate or follow up care for other reproductive healthcare needs, including but not limited to abortion care?
- What additional steps can the Administration take, both in the short and long term, to ensure that people in states like ours do not lose access to essential health care?

We look forward to hearing from you and thank you for your prompt attention to this matter and service to our country.


Sincerely,



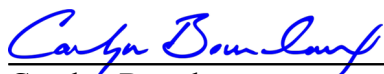
Cynthia Axne
Member of Congress



Brenda L. Lawrence
Member of Congress



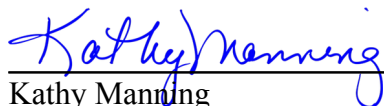
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